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	irewell C	o, I	nc		•		SAC (DM8D)					
3685 Broadway							Offutt AFB, Nebr					
Buffalo 25, N. Y.								,				
CONTRACT						DA.	DATE OF CERTIFICATE					
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			First and MI)	2. AF	UNIT O SRW (L	) )		3. PERIO	D OF CERTIFICA	<sub>30</sub> Nov	60	
4. VACATION TIME (Inclusive dates) 5. SICK TIME (					CK TIME (I	nclus	ive dates)	6. CON		7. BILLA	LE DAYS	
FOIAb3a					Mone THRU		1	HOLIDAYS One		10 28		
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8.	·			*			HOURS WORKED	DATE	TIME AND	i Janouai	E ITIME	
DATE	TIME AND	<u> </u>	DOUBLE TIME	DATE	TIME AND	1	DOUBLE TIME	DATE	TIME AND	00000	L 13 1 11 12	
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N/A		Α.										
11.	At	THOR	IZED TRAVEL PE	RFORME	D BY COMMI	RCI	AL CARRIER (Inc	luding T	axicab, etc.	)	T	
INCLUS	IVE DATES		FRO					TO		MODE	COST	
N/A 1	гнач											
	THRU											
	THRU		,									
12.		Α	UTHORIZED PRIV	ATELY	- OWNED CO	NVEY	ANCE TRAVEL (		-base milea		Tulies	
INCLU	SIVE DATES		FR	OM				TO		TOLLS	MILES	
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12	THRU	N DA	SE MILLEAGE BY	PRIVAT	ELY.OWNED	CON	EYANCE:		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
13. / N/A		AN HOM	Per Servicem, and	*********	THE T STATES		MILES	3			Tr.	
14.			· GOV	/ERNMEN	T TRANSPO	RTAT	ON REQUESTS US					
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15. GC			ed For Relea				ESI CIA-RDP81I	30087	9R00090	0050047	'-1	

· en	ARTURE: DEPARTED (P.		ON (Date)
F THIS IS	THE FINAL CERTIFICATE	SUBMITTED FROM THIS AF UNIT.	STATE DATE OF DEPARTURE:
	TTED CTATES FOR O	VEDOE 10 DUTY EDON	
. DEPARTED TH	E UNITED STATES FOR O	VERSEAS DUTY FROM (Port)	ON (Date)
	UNITED STATES FROM O		
N/A		(Port)	ON (Date)
NAME OF COU	NTRY WHERE OVERSEAS DU	JTY WAS PERFORMED DURING THIS	PERIOD (Unless prohibited for security
<u> </u>	INFORMATION AND REMARK	(S:	
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Anneren 1	701		
	ON: I certify the control of the con		1 above is true and correct to the be
or my knowi			
	FOIAb3a		(Signature of CTSP)
	ON: I certify that		ef, the services reported above were per-
	satisfactory manne nd that appropriate with		d were authorized in advance by competent uested, with the following exceptions:
		•	
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(If service	s were not satisfactory,	complete written report has been	n prepared and forwarded)
ME	07.471.171		IGNATURE (Manual signature is required) (Facsim
resir.	CIAIKIII		
	STATINTL		s not acceptable)
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SN 35808A STRUCTIONS I	ORGANIZATION	IT COL	
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JSBOSA  NSTRUCTIONS I  Items not ap  The period of  ITEM 6. The  If they were premium pay.  ITEM 7. The and contract  Entries in is needed, I  Month and period must be with Supervisory	ORGANIZATION 1.080 SRW (I. FOR PREPARATION: spicable will be indicate covered by a certificate or number of contract holice work days, this will be a rembursement will be a rumber of billable days tholidays. (Authorized to the same and the same and the period covered by a services were not satisformer of services were not satisformer of satisformer must explain in	red by N/A.  will not include more than one can days in the period will be entered shown in Item 8 as overtime even ande for holiday work in accordance is the total number of days in cravel days will be included in the total number of days in cravel days will be included in the total number of days in cravel days will be included in the total number of days in cravel days will be included in the total number of days in cravel days will be included in the total number of days in the days will be included in the days of the certificate.	alendar month.  FOIAb3a  ed regardless of whether they were work day in if contract does not provide for overtime ce with applicable contract.  the period, less vacation days, sick days, his item) ie spaced as required. If additional space  f certificate and Item 3. All other dates